PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/828,872			ing Date 20/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)									OTHER THAN SMALL ENTITY □ OR SMALL ENTITY				
FOR			NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		ı	N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		l	N/A		1	N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A			N/A			N/A		
	FAL CLAIMS CFR 1.16(i))		mir	nus 20 =				x \$ =		OR	x \$ =		
IND (37	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *					x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and dra- sheets of paper, the applic is \$250 (\$125 for small ent additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and			n size fee due for each n thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.									1	TOTAL		
	APP	OED – P	_	OTHER THAN SMALL ENTITY OR SMALL ENTITY									
AMENDMENT	06/04/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18())	* 34	Minus	~ 36		= 0		x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 6	Minus	 5		= 1	1	x \$ =		OR	X \$220=	220	
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	220	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus	**				x \$ =		OR	x s =		
	Independent (37 CFR 1,16(h))	*	Minus	***				x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))									1			
Α	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							TOTAL		OR			
										OR	TOTAL ADD'L FEE		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

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